

STUDENT APPLICATION

To be considered to receive financial help from any program of NoteWorthy Kids this application must be completed. Recipient must be between the ages of six and 18 years of age. Proof of income is required. (ex: copy of income tax or proof of eligibility for free or reduced lunch). All personal information received by NoteWorthy Kids will be held as confidential and will not be given to any other person or organization.

Student name:					
School attending:					
Birthday	Gender				
List your primary instrument of interes(s) o	r other musical need				
Have you had lessons previously? I	f yes, how many years?	Type:			
Who recommended you for this program?					
If possible, please include a letter of recom	mendation.				
Student's Signature			_Date		
Parent/Guardian					
(last)	(first)		ddle)		
Relationship to the student					
Address					
(apartment and street address)	(city)		(state)	(zip code)	
Phone Cell phon	e	Email			
Parent/Guardian Signature			_ Date		
(Attach all income verification and any othe	er information you may cons	sider helpful)			
Submit application materials to:	•	If you have any questions email:			
NoteWorthy Kids P.O. Box 161211		info@noteworthykids.org A NoteWorthy Kids board member will contact			

Duluth, MN 55816

you to answer any questions you might have.